



Western Michigan Area Local #281  
 American Postal Workers Union, AFL-CIO  
**CHECK REQUISITION VOUCHER**



**NOTICE: Authorizing Documents must be included with request!**

Expenditure Authorized by:

Membership/Motion  Budget  Constitution  Policy/By Laws  Other

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ EID / SSN#: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

***ENSURE RECEIPTS/DOCUMENTATIONS ARE ATTACHED TO  
 BACK OF THIS FORM (when submitting)***

Description/Purpose/Quantity	Cost	Total
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Reimbursement: \_\_\_\_\_

Write Check to: \_\_\_\_\_

Mail Check to: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***FOR OFFICIAL USE ONLY BELOW THIS LINE!***

Authorized Signatures: \_\_\_\_\_ Date Received: \_\_\_\_\_

\_\_\_\_\_  
 President's Signature Date

Total Paid: \_\_\_\_\_

\_\_\_\_\_  
 Treasurer's Signature Date

Check # \_\_\_\_\_